

# NEW HAMPSHIRE POLICE STANDARDS AND TRAINING

## MEDICAL CLEARANCE REPORT FORM

### CERTIFICATION LAPSE

(SUBMIT FOR INDIVIDUAL OFFICER)

PRINT APPLICANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

LAW ENFORCEMENT AGENCY \_\_\_\_\_

The above individual is being asked to take part in a fitness assessment program as part of an overall process to become a police officer or to maintain a police certification in New Hampshire. The fitness assessment involves sub-maximal measurements of cardio-respiratory fitness (1.5 mile run), muscular endurance and absolute strength of the arms and chest (push-ups), and muscular endurance of the abdomen (sit-ups). The assessment scores are listed below as determined from normative data collected by Dr. Kenneth Cooper of the Cooper Aerobic Institute of Dallas, Texas.

#### MALES

AGE	BENCH PRESS	RUN	SIT-UPS	PUSH-UPS
18-29	.96 X weight	12:53	37	27
30-39	.86 x weight	13:24	33	21
40-49	.78 x weight	14:07	28	16
50-59	.70 x weight	15:20	22	11
60-69	.65 x weight	17:11	18	9
70-79	.65 x weight	19:39	18	9

#### FEMALES

AGE	BENCH PRESS	RUN	SIT-UPS	PUSH-UPS Modified Full Body	
18-29	.58 X weight	15:14	31	22	14
30-39	.52 x weight	15:58	24	17	10
40-49	.48 x weight	16:46	19	11	8
50-59	.43 x weight	18:37	12	10	---
60-69	.41 x weight	20:46	5	4	---
70-79	.41 x weight	22:20	5	4	---

By completing this form, you are not assuming any responsibility for our assessment program. If, however, you know of any reason why the participant should not undertake a basic assessment of fitness as listed above, we would be most grateful if you could indicate that below. Thank you for your cooperation in this matter.

I have examined the above captioned applicant on the following date \_\_\_\_\_ and based on my findings:

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I recommend that the applicant **NOT PARTICIPATE.**

Signature of Health Care Provider: \_\_\_\_\_

Name and Address of Health Care Provider: \_\_\_\_\_

u \_\_\_\_\_

Health Care Provider's Phone Number: \_\_\_\_\_

Date & Signature of Certified Instructor of the Ongoing Three-Year Test \_\_\_\_\_

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